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	The Assessment of	03-JAN-20			4. 人名英格兰	View Signatures PM Approve COR Approve		
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TRANSMITTAL USACE CONTRACTOR PAY ESTIMATE EPA SUPERFUND PROGRAM

REQUEST FOR PAYMENT

From: U.S. Army Corps of Engineers

Kansas City, MO 64106

601 E. 12th Street, Room 610

Kansas City District

ATTN: S. Langland

Transmittal Number: 01-04

4411 Montgomery Road

Cincinnati, OH 45212

To: U.S. Environmental Protection Agency

Cincinnati Financial Management Center

ATTN: Accounting Operations, Ste. 300

	SACE Point of Contact: Shirley Langland CENWK-EC-E 816-983-3913
IAG No. <u>DW9G942036-0</u> Site Name Cara Contract No. <u>DACW 41-02-D-6003</u> Contractor: (Name): Malcolm Pirnie	<u>rell-Dubilier Rem.</u> Design Tax ID No
(REMIT To): 104 Corporate Park Drive (City/State/Zip): White Plains, NY 10602 Pay Estimate No.: 10.0.34	
Dete-stamped inon 1-3-	
RECEIVED BY:	DATE: <i>[-2306</i>

Intergovernmental Document On-line Tracking System (IDOTS)

Project Officer Approval Information from IDOTS for: Interagency Agreement (IAG) No. DW96942036

Invoice No. EST#3

Site/ProjectSite NameAmount02GZRD02CORNELL-DUBILIER ELECTRONICS, INC.\$30,365.89

Project Officer Approval By: ALVI, MOHAMMAD

Total Invoice Amount: \$30,365.89

SCORPIOS Proof of Payment

VENDOR CODE: 277166 1 **TRANS CODE:** PV **VOUCHER NO:** A6001348905

NAME: MALCOLM PIRNIE INC TRAVEL ADVANCE NUM:

ADDRESS: 104 CORPORATE PARK DR BOX 751 NO CHECK DISB FLAG: N

: ATTN: CINDY MASSINELLO PROMPT PAY TYPE: Y

: WHITE PLAINS, NY 10602-0751

APPROVED BY: ALVI, MOHAMMAD

DESCRIPTION: OCR PRINT FLAG: N

VOUCHER TYPE: M CHECK TYPE: D. O. : KC00

AGREEMENT #: DISB RUN NUMBER: 0

SCHD FISC YR: 2006 SCHD CAT: SCHD TYPE: M SCHD NO: ACHC06030

VOUCHER DATE: 01/17/2006 **VOUCHER AMT:** 30,365.89

SCHD DATE: 02/01/2006 **HOLDBACK AMT**: 0.00

SUBMITTING SFO: 27 OUTSTANDING AMT:

AGENCY HEAD APRVL: Y IN TRANSIT AMT: 0.00

COMMENTS TO PRINT: DW96942036 EST#3 DACW4102D0003

INTER AGCY SYMBOL: DIRECT DISB NUMBER:

FY: 2006 SCHEDULE CAT: SCHEDULE TYPE: M SCHEDULE NUMBER: ACHC06030

INDICATORS - TREAS ACT: C POST TREAS ACT: Y POST DETAILS: Y EXP: F BACKOUT: N

PAYMENT VOUCHER						PAYMENT	CHECK	_	C H
VENDOR CODE	TC	NUMBER	ADV NUM	LN	SITE ID	AMOUNT	NUMBER	_ <u>T</u>	K
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